



**TB CARE I**

## **TB CARE I – Nigeria**

**Year 4**

**Quarterly Report**

**October – December 2013**

**January 30, 2014**

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# 1. Quarterly Overview

Country	Nigeria
Lead Partner	KNCV
Coalition Partners	WHO, MSH, FHI 360
Other partners	ILEP
Workplan timeframe	Oct 2013-Sept 2014
Reporting period	Oct – Dec 2013

## Most significant achievements:

The most significant achievement was in the prioritization and conduct of the detailed mapping of areas of intervention at state levels among partners in collaboration with the NTP. Five local government areas in 6 priority states were selected based on low case detection, high population and HIV burden). In collaboration with all relevant stakeholders, a mapping of Programmatic Management of Drug Resistant TB (PMDT) activities and a harmonized work plan was developed to ensure effective coordination of intervention at the state level. Detailed patient mapping among patients awaiting MDR-TB treatment in 8 states was conducted. The composition for each state / conselium was established, roles were defined as well as the linkages with the M&E structure in the states. TB CARE I will be supporting the commencement of 100 patients on ambulatory PMDT in these 8 states was planned for the following quarter. Additionally on PMDT, two new e-tb Manager Sites were activated at JUTH and Sacred Heart Hospital (SSH) Abeokuta. Each of the sites were provided with a desk top computer, universal modems, internet subscription and onsite mentoring of trained staff to ensure clinical and effective management of MDR-TB patients enrolled. All existing PMDT sites in country have e-tb manager.

TB CARE I also continued to promote Community TB CARE (CTBC) activities in the selected states through involvement of key community leaders, and community volunteers to identify and refer patients appropriately. Through these initiatives, a total of 1,596 presumptive TB cases were referred for AFB microscopy tests from which 486 TB cases (all forms) were notified. Additionally, TB CARE I conducted follow on home visits to TB patients and treatment support was provided to those who indicated the need. In sum, a total of 220 TB patients are being managed by community volunteers.



**Community sensitization in Alaba Oro – Lagos state**



implementing re-programmed funds of Global funds.

TB CARE I during the quarter continued to support innovative intervention in 4 states including Edo, Niger, Oyo and Katsina. House-to-house screening, community awareness outreaches and contact tracing of index patients were carried out in the communities with aim of increasing the number of notified cases. In all, a total of 1058 presumptive TB patients were referred. From suspects referred a total of **315** additional all forms of TB cases were notified through the approach during the quarter and all enrolled for treatment. Due to the yield in additional case finding with this approach OR these approaches, TB CARE I, during the quarter, in collaboration with ILEP made a presentation of innovative strategies aimed at increased case finding in the communities. Through these processes, the NTP and other partners are planning to utilize some of the experiences in

With increasing focus on the management of childhood TB, and the need to prevent death among children, TB CARE I in collaboration with the NTP and Paediatric Association and other relevant stakeholders developed a roadmap for the implementation of Childhood TB in Nigeria. The National TB Program Desk guide for diagnosis and management of childhood TB in Nigeria was developed and **5000** copies were printed and distributed to the tertiary and Federal Medical Centres in the country. This has provided guidance to the diagnosis and management of childhood TB among clinicians in the tertiary health institutions.

**Technical and administrative challenges:**

First, technical challenges experienced during the quarter arose out of the non-completion of activities on schedule at the state level due to competing demands. There is need for program managers at state level to effectively coordinate all partners' activities. Second, there is low utilization of Gene Xpert machines and cartridges in few TB CARE I sites with Gene Xpert machines and especially among PLHIV. During the next reporting quarter, TB CARE I plans to conduct supervisory visits to identified challenges sites and also advocate for the use of the cartridges for PLHIV with presumptive TB.

During the quarter, we also experienced stock-outs of HIV test kits in some sites. This has, however, been resolved with USAID taking over the overall procurement of HIV test kits for the entire country. This we believe will improve the situation. There is also late reporting of activities and data from state level which is hinged on provision of funds by Global funds for state quarterly review meetings. This in effect hampers timely reporting of data in general.

## 2. Year 4 technical outcomes and activity progress

### 2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date <sup>1</sup>	Comments
1.1.3	TB personnel trained on the Patients' Charter	48	37		Activity yet to be completed
1.2.1	Private providers collaborating with the NTP	140	170		Activity yet to be completed
1.2.2	TB cases diagnosed by private providers	22,217 (national data)	30,000 (national data)		Data for the quarter is yet to be collated by the NTP. The zonal review meetings are scheduled for the January 22-24th 2014
1.2.3	Status of PPM implementation	3	3	3	
1.2.5	Childhood TB approach implemented	2	2		Awaiting data from NTP
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	1,966 (national data)	10% increase from 2012		Awaiting Q4 Data from NTP
1.2.7	Prisons with DOTS	83	120		Awaiting data from NTP
1.2.8	CB-DOTS program is implemented	3	3		
1.2.11	Number of communities supported to implement community DOTS	183	250	105	The total communities supported to implement CTBC activities are 105. Presently only 3 CBOs are supported by KNCV to implement CTBC activities in 40 communities in Oyo,

<sup>1</sup> If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

					<p>Osun and Kaduna states in APA 4. Similarly, FHI 360 CTBC activities have been reduced as a result of reduced funding. Currently, FHI 360 is supporting 65 communities in 9 LGAs in 3 states (Cross River/Lagos/Kano) with TBCARE funding. Previously supported communities will be sustained using the FHI 360 bilateral fund.</p>
<b>1.2.12</b>	Number of TB suspects referred by community volunteers	3,211	5,500	1,596	<p>A total of 1,596 presumptive TB patients were referred during the quarter. From those referred, a total of 239 TB cases were notified.</p>
<b>1.2.13</b>	Number of TB cases diagnosed in facilities implementing ICF using SOPs	2,244	5,000	1,308	<p>TB CARE I through MSH continued to support intensified case finding activities in clinics in Akwa Ibom, Kano, Kwara and Taraba states. In all a total of 1,308 TB cases were detected in the 4 states during the quarter.</p>
<b>1.2.14</b>	Number of prisons with TB/HIV services	?	10		<p>Total number of prisons is <b>243</b> . As part of our support a desk review will be conducted to identify existing TB/HIV sites in prison and to new sites for expansion</p>

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status <sup>2</sup>
				Start	End	
1.1.1	KNCV, WHO, MSH & FHI 360	Incorporate lessons learned from PCAs interventions into routine TB supervisory system		Jan 14	Mar 14	Pending
1.1.2	KNCV	Conduct mapping & situation analysis among 6 selected states for community awareness on TB disease and available service points	A meeting was organized by TB CARE I on 16 December 2013 with state program managers from Imo, Lagos, Kano, Anambra, Rivers and Niger, WHO NPOs and Medical Advisers of ILEP organizations on increased case detection. Participants were asked to specify activities, timeline and responsible person for each set of activities within the set period. At end of the meeting, 5 LGAs in each of the 6 selected states were identified based on very low case notification or non-availability of microscopy centers. State Quality Assurance Officers and program managers will conduct an assessment of existing facilities in their identified LGA for the purpose of expansion next quarter.	Nov 13	Dec 13	Completed
1.1.3	KNCV	<i>Implementation of community awareness on TB disease and service points in selected LGA's</i>	As agreed with the program managers in a meeting last quarter, religious outlet and congregate settings are to be mapped out in the selected LGAs. Trainings are scheduled to take place next quarter.	Feb 14	Sep 14	Ongoing
1.2.1	KNCV, WHO, MSH & FHI 360	Maintain CTBC activities on community awareness & referral by CSO's in 3 States (mentor/mentee)	The meeting with the partners has been fixed for Jan 29-31 <sup>st</sup> 2014	Jan 14	Sep 14	Pending
1.2.2	KNCV, WHO, MSH & FHI 360	Support TB services and TB IC in the prisons	A discussion was held with the Nigerian Prison Health services to identify and prioritize prison facilities for expansion. It was agreed that a needs assessment will be conducted in collaboration with NTP preceding the renovation exercise in the prisons.	Dec 13	Sep 14	Pending

<sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.2.3	FHI 360, KNCV, WHO & MSH	Maintain CTBC in 9 LGAs (Cross River State (3)/Lagos State (3)/Kano State (3)	TB CARE I through FHI 360 sustained support to 3 community-based organizations (CBOs) implementing CTBC activities in 9 LGAs in 3 states (Cross River, Lagos and Kano). The umbrella CBO for Lagos state and its sub CBOs carried out advocacy visits to various identified gatekeepers in Ajeromi Ifelodun LGA to seek their buy - in and support for TB activities in the LGA. The CBOs in ML LGA reported a total number 1,621 homes as visited within the period. A total number of 720 home visits were reported as carried out in Ajeromi Ifelodun LGA within the quarter. Suspects identified were immediately referred for screening & treatment. Additionally, the CBOs organized joint meetings of CBOs & CVs within this period with the meetings providing the platform for revision of CV activities and provision of solution to challenges encountered by CVs in the field.	Oct 13	Sep 14	Ongoing
1.2.4	FHI 360, KNCV, WHO & MSH	Support one day quarterly coordination meetings in the 9 LGAs	A total of 9 LGA committee meetings were supported by TB CARE through FHI 360 within the quarter. The need to bring together key stakeholders in the respective LGAs to brainstorm on community TB programming and how to improve performance as it affects the respective LGAs has remained the focus of these meetings within the project life. The meetings foster a sense of local ownership of the CTBC project within the LGA and contribute to long term sustainability. In all from the states, 66 (M52;F14) participants took part in the meetings	Oct 13	Sep 14	Ongoing
1.2.5	FHI 360, KNCV, WHO & MSH	Support one day monthly M&E meetings in the 9 LGAs	TB CARE I also during the quarter through FHI 360 supported a total of 21 monthly M&E meetings within this reporting quarter in Lagos, Cross Rivers, and Kano states. These meetings serve as an avenue for collation, verification and validation of data capturing the 3 TB custom indicators.	Oct 13	Sep 14	Ongoing
1.2.6	FHI 360, KNCV,	Support State and LGA TBLS on TB campaigns/community	This activity is to commence in the next quarter.	Feb 14	Sep 14	Pending

	WHO & MSH	mobilization activities in the 9 LGAs				
1.2.7	FHI 360, KNCV, WHO & MSH	Support logistics for sputum sample movement for AFB microscopy from TB suspects in the community	This activity is to commence in the next quarter.	Feb 14	Sep 14	Pending
1.2.8	FHI 360, KNCV, WHO & MSH	Train Paten Medicine Vendors (PMV's) on community DOTS	This activity is to commence in the next quarter.	Oct 13	Mar 14	Pending
1.2.9	WHO, KNCV, FHI 360 & MSH	Build Capacity of program officers on the management of childhood TB	Activity planned for April 2014	Apr 14	Dec 13	Pending
1.2.10	WHO, KNCV, FHI 360 & MSH	Develop Capacity of pediatricians and medical doctors	Activity planned for April 2014	Apr 14	Mar 14	Pending
1.2.11	WHO, KNCV, FHI 360 & MSH	Engage all health professional bodies to discuss TB case finding and linkages to TB program	Activity planned for April 2014	Mar 14	Sep 14	Choose an item.
1.2.12	MSH, KNCV, WHO & FHI 360	Expand & maintain the use of SOP's for intensified case finding amongst the 18 challenged states	1. Two (2) days Quarterly state review meetings were held for the four states- Akwa Ibom, Kano, Kwara and Taraba. The aim was to review the performance of each state in terms of TB cases detection, share challenges affecting TB case detection and proffer solution. Key findings include a drop in TB cases notified for Kwara and Taraba sates while Kano and Akwa Ibom states have increased case notification. Massive renovation of health facilities in Kwara state was said to be responsible for the drop in cases where as in Taraba, the drop as attributed to security challenges. The M&E officer will conduct data validation to ensure that no data is being missed out. The local consultants were mandated to strengthen mentoring of facilities and to ensure proper linkages and documentation of clients.	Oct 13	Sep 14	Ongoing
1.2.13	KNCV, MSH, FHI	World TB day celebration		Mar 14	Mar 14	Pending

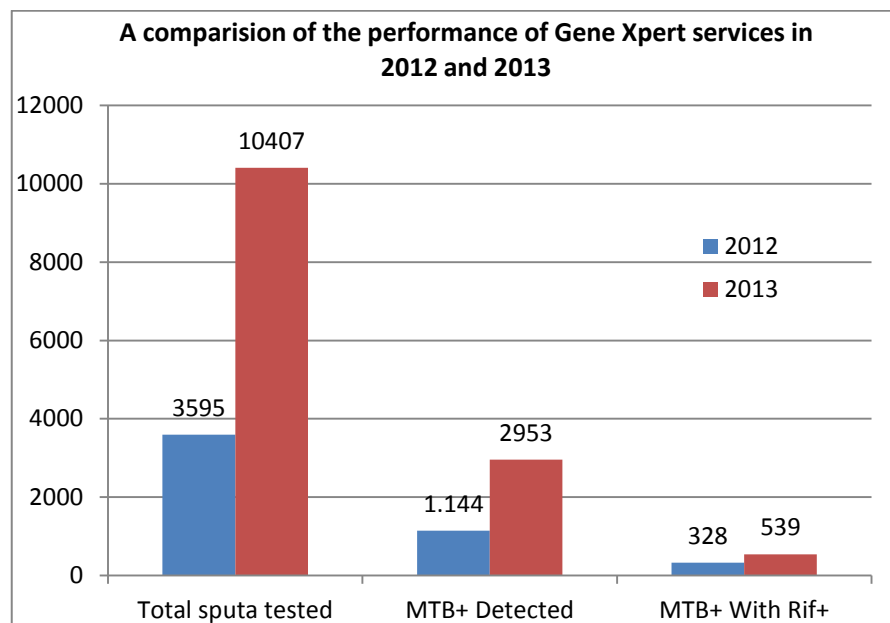
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## 2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
<b>2.3.1</b>	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	30	35	29	Currently TB CARE I has 23 Gene Xpert machines in country. However, we provide cartridges and supervisory oversights to 6 other sites established by Agbami.
<b>2.3.2</b>	Rapid tests conducted	7,000 sputa tested	15,570	3,086	A total of 3,086 sputa were tested from 27 facilities that reported for the quarter. Of these, 2 896 were successfully tested while 190 were invalid. Supervision is planned next quarter to priority sites (those reporting high invalid results and low utilization among PLHIV).
<b>2.3.3</b>	Patients diagnosed with GeneXpert	507 TB patients diagnosed and 96 with RIF resistance. (Data is for Q1 , 2013 only )	1,245	836 MTB+ (including 162 Rif+)	About 29% of those tested during the quarter were MTB positives (836) with about two thirds male (66.7%). Furthermore, the results indicate that of those positive for TB, about 19.4% were Rif+ (162) and gender

							disaggregation suggest that 71% of those that are Rif+ are males (M=115).
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
2.1.1	KNCV, WHO, MSH & FHI 360	Procurement of 74 microscopes for PPM	Procurement process has been commenced by HQ. Awaiting supply	Oct 13	Dec 13	Ongoing	
2.1.2	KNCV, WHO, MSH & FHI 360	Training of 140 lab staff on AFB for PPM	A total of 5 LGAs in 6 states were identified and facility assessment and identification of sites for expansion planned for next quarter.	Feb 14	Mar 14	Pending	
2.1.3	WHO, KNCV, FHI 360 & MSH	Organize a planning meeting for microscopy centers selection processes	A situation analysis was conducted with the 6 selected state program managers where 5 priority LGAs were selected in each of the states and number of microscopy centers per state /LGA assigned based on need. Training activities are planned for next quarter	Feb 14	Sep 14	Pending	
2.1.4	WHO, KNCV, FHI 360 & MSH	Support national Lab coordination, supervision and linkages	The next TA visit will be planned with the Supranational Reference Laboratory in Milan, Italy. However, the SNRL, Milan continues to provide panels for proficiency testing to the two national reference laboratories and Zankli Medical laboratory, the private reference laboratory collaborating with the NTBLCP.	Feb 14	Sep 14	Pending	
2.1.5	FHI 360, KNCV, WHO & MSH	Establish 9 AFB Laboratories to support community TB care in 9 LGAs	During the reporting quarter, TB CARE I through FHI 360 laboratory team commenced the process of identifying and assessing suitable facilities for the establishment of 9 AFB Laboratories in the 9 TB CARE LGAS to support CTBC activities. Procurement processes for a suitable vendor to commence renovation and purchase of other lab equipment and consumables will commence in the next quarter.	Dec 13	Jun 14	Ongoing	
2.1.6	FHI 360,	Conduct AFB Microscopy	This activity is to commence in the next	Feb 14	Aug 14	Pending	

	KNCV, WHO & MSH	training for facility lab staff (2 persons per facility) 3 Batches of training: 1 per state	quarter.			
2.3.1	KNCV, WHO, MSH & FHI 360	Procurement of 17,370 cartridges including shipment	Procurement process has commenced.	Oct 13	Mar 14	Ongoing
2.3.2	KNCV, WHO, MSH & FHI 360	Support distribution of cartridges	TB CARE I during the quarter supported the distribution of 3,300 Cartridges to TB CARE I sites (23) and Agbami sites (6) .	Oct 13	Sep 14	Ongoing
2.3.3	KNCV, WHO, MSH & FHI 360	Supervisory visits quarterly to Xperts lab including capacity building for national officers & partners	Activity planned for next quarter	Feb 14	Sep 14	Pending
2.3.4	KNCV, WHO, MSH & FHI 360	Capacity building for QA of States on Xpert R&R tools for 18 States	Activity planned for next quarter	Mar 14	Mar 14	Pending
2.3.5	KNCV, WHO, MSH & FHI 360	Support quarterly C GAT meeting	Planned for January 16 <sup>th</sup>	Jan 14	Sep 14	Pending
2.3.6	FHI 360,KNCV, WHO & MSH	Support training of laboratory staff on 2 <sup>nd</sup> line DST	Activity planned for next quarter	Jan 14	Dec 13	Pending



The figure shows a comparison of the Gene Xpert services in TB CARE I supported sites. The figure suggests an improvement in service utilization and uptake in the various sites. Analysis of the chart indicates a 189% increase in sputa tested over 2012 data. Similarly, the proportion of MTB+ cases detected increased by 158% and Rif resistant cases by 64%. Further analysis suggests that a total of 3,086 sputa were tested in 27 sites (awaiting data for 2 sites) which accounted for about 86% of total sputa tested in 2012.

## 2.3 Infection Control (COP 13 funding)

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved	Yes	Yes	Yes	A draft protocol of TB screening among health care workers was developed by external TA and is currently under review by the NTP. Implementation planned for next quarter
3.2.1	"FAST" strategy has been adapted and adopted	No	12	0	Start of activity is planned for April
3.2.2	Facilities implementing TB IC measures with TB CARE support	104	40	36	During the quarter, a total of 36 facilities were supported by GLRA (32) and DFB (4) to develop facility IC plans. As a follow

							on, the finalized plans would be printed from savings and distributed.
3.3.1	Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system		NA	2			Activity yet to commence
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	KNCV, WHO, MSH & FHI 360	Expand TB IC to 12 tertiary facilities (strengthening existing General infection control services and including the FAST strategy)	Planned for Q2 2014		Apr 14	Mar 14	Pending
3.3.2	KNCV, WHO, MSH & FHI 360	Strengthening TB screening among health workers in 2 states (support 6 facilities to institute TB screening among general healthcare workers (GHWs))	Preparation for the activity to commence in March 2014		Mar 14	Sep 14	Pending
3.3.1	KNCV, WHO, MSH & FHI 360	TA for TB IC	Planned for May 2014		May 14	Mar 14	Pending

## 2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
C6	Number of MDR cases diagnosed	507 (national)	1,245 (national data)		The Zonal review meeting from which data will be collated is planned to take place from Jan 22nd-24th, 2014
C7	Number of MDR cases put on treatment	400 (national data)	1,058 (national data)		The Zonal review meeting from which data will be collated is planned to take place from Jan 22nd-24th, 2014
<b>4.1.3</b>	MDR-TB patients who have completed the full course of MDR-TB treatment regimen	14 (14/23 of 2010 cohort) National data	80% of enrolled patients in 2011		See previous

	and have a negative sputum culture			(national data)		
<b>4.1.5</b>	# of MDR TB patients receiving support (feeding, auxiliary investigations and drugs)		80 patients for TB CARE I and 250 GF	100		Activity to commence next quarter
<b>Activity Code (***)</b>	<b>Lead Partner</b>	<b>TB CARE Year 4 Planned Activities</b>	<b>Cumulative Progress as of the quarter's end</b>	<b>Planned Month</b>		<b>Status</b>
				<b>Start</b>	<b>End</b>	
4.1.1	KNCV, WHO, MSH & FHI 360	MDR-TB patient support for 100 patients	A meeting was organized among implementing partners and 8 selected states where all partner support were harmonized and synchronized with Institute of Human Virology/Global Fund (IHVN/GF) PR, NTP and FHI bilateral funding. At the meeting a harmonized plan was agreed upon by the concerned partners which would guide the support to be provided by partners for the support of MDR-TB patients in the states	Dec 13	Sep 14	Ongoing
4.1.2	KNCV, WHO, MSH & FHI 360	Support the establishment of ambulatory PMDT activities in 6 States	Eight (8) states (Lagos, Kano, Gombe, Benue, Kaduna, Ogun, Akwa Ibom and Abia) were supported to conduct a detailed mapping of their PMDT patients to include those currently on treatment and those awaiting treatment. The states were also supported to finalize the constitution of their state PMDT teams. Patient support and training will commence next quarter	Oct 13	Dec 13	Ongoing
4.1.3	KNCV, WHO, MSH & FHI 360	Develop a PMDT hand book	This is a follow on activity and planned for next quarter	Mar 14	Dec 13	Pending
4.1.4	KNCV, WHO, MSH & FHI 360	TA on PMDT	Planned for May 2014	May 14	Mar 14	Pending
4.1.5	FHI 360, KNCV, WHO & MSH	Local technical assistance to 3 MDR-TB treatment centers	Local Technical Assistance was provided to the Lagos state DR-TB Treatment center (Mainland Hospital, Yaba) in the last reporting quarter by the Technical Lead from the Country Office in December 2013. Community DR-TB management commenced in Lagos state last quarter and with the support of FHI 360 (Using Pure -TB funds). 5 patients were enrolled in Lagos state, and 4 in Cross River state to be	Dec 13	Sep 14	Ongoing

			managed for DR-TB directly in the communities. The technical lead used the opportunity to visit the 5 MDR-TB patients on treatment in their houses, and reported that they were all doing very well on their MDR-TB treatment. He also visited the lab in the Mainland Hospital Yaba.			
4.1.6	FHI 360, KNCV, WHO & MSH	Organize a planning meeting for ambulatory PMDT with selected State program officers, MA's from the treatment centres and MA's ILEP Partners	TB CARE I in December 2013 organized a one day meeting with State program Managers from the 8 states, WHO NPO and ILEP MA identified for the implementation of PMDT ambulatory services. The program managers and stakeholders alike, brainstormed on issues surrounding the implementation of ambulatory PMDT with experiences drawn from states where such services have commenced. At the end of the meeting a detailed plan for the enrollment was designed and shared. As part of the next steps, all 8 state program managers by end of February 2014, are to individually come up with a mapping of MDR-TB patients in the state. The information is to include MDR-TB patients on intensive, continuation phases as well as those awaiting enrollment.	Dec 13	Dec 13	Completed

## 2.5 TB/HIV (COP 13 funding)

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	15,500 (23.4%)	18,000	5717 (M=3431; F=2286)	A total of 6,227 (M=3747; F=2,480) TB patients were counseled for HIV. Of these, 91.8% were tested for HIV. A higher proportion of males 3431 (60%) were tested.
5.2.3	TB patients (new and re-treatment) recorded as HIV-positive	3,875	4,500	1,073 (M=514; F=559)	Of TB patients tested during the quarter,

					about 18.8% were co-infected with TB. More females (559) than males(514) were co-infected		
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)		2,900	3,375	702 (M=324; F=378)	Of TB patients co-infected; about 65.4% were able to access ART treatment during the quarter.	
5.3.2	HIV-positive TB patients started or continued on CPT		3,400	4,050	946(M=452; F=494)	About 88.2% of TB patients co-infected during the quarter were place on CPT.	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter’s end	Planned Month		Status	
				Start	End		
5.2.1	KNCV, MSH, WHO & FHI 360	Supervise facilities implementing TB/HIV activities	TB CARE I during the quarter supported a total of 19 supervisory visits by Medical Advisers and M&E Officers of ILEP to states. The visits were geared towards improving the quality of TB/HIV services through on-the-job capacity building of health workers implementing NTBLCP activities at facility, LGA and State levels. as well as to assess and assure the quality of data reported in previous quarter. Additionally, visits were conducted by State QA, state supervisors and LGA supervisors to health facilities to further strengthen TB/HIV implementation. In all, at the state level, a total of 1,301 visits were conducted. Findings from the visits indicate the need for NTBLCP to ensure immediate and uninterrupted provision of anti-TB drugs, HIV test kits and other program materials to the facilities (Niger state). The states TBL programs were advised to improve the quality of supervision to TB/HIV service delivery sites.		Dec 13	Sep 14	Ongoing
5.2.2	WHO, KNCV, MSH & FHI 360	Maintaining NASCP strengthening activities started with COP 12 for effective TB/HIV collaboration	Activity planned for April		Apr 14	Sep 14	Pending

5.2.3	KNCV, MSH, WHO & FHI 360	Expand TB/HIV services to 10 selected prisons	A discussion was held with the Nigerian Prison Health services to identify and prioritize prison facilities for expansion. It was agreed that a need assessment be conducted in collaboration with NTP preceding the renovation exercise in the prisons.	Mar 14	Mar 14	Pending
5.2.4	KNCV, MSH, WHO & FHI 360	Expand TB/HIV collaborative activities to 40 DOTS facilities	Activity planned for next quarter. However the number of sites were distributed to partners based on state needs- GLRA 16; NLR 13; TLMN 7 and DFB 4	Mar 14	Mar 14	Pending
5.2.5	KNCV, WHO MSH, & FHI 360	Organize refresher training on HCT for GHWs from 20 DOTS facilities trained 4 years ago	Planned for next quarter	Feb 14	Mar 14	Pending
5.2.6	WHO, MSH, KNCV & FHI 360	Support quarterly meeting of TB/HIV technical working group	Planned for February 2014	Feb 14	Sep 14	Pending
5.3.1	WHO, KNCV, MSH & FHI 360	Support expansion of ART services to 6 DOTS centers (in 3 states, more centers will be supported through other funding mechanism, e.g bilateral funding to WHO or FHI)	Planned for March 2014	Mar 14	Mar 14	Pending
5.3.2	WHO, KNCV, MSH & FHI 360	TA on TB/HIV	Planned for May 2014	May 14	Aug 14	Pending

## 2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
6.1.1	Government budget includes support for anti-TB drugs	Yes (MDR drugs for 500 patients)	Budget for 500 patients MDR TB drugs		
6.2.1	TB CARE-supported supervisory visits	2,000	2,000	1343 (Data is	MSH conducted 4

	conducted				combined for all partners for the quarter)	supportive supervisory visits Similarly, KNCV through ILEP and state teams conducted a total of 1,336 visits to health care facilities during the quarter., FHI 360 also conducted 3 visits to Cross Rivers and Lagos states.
6.2.2	People trained using TB CARE funds		1,062	1,500	1158 (M=244;F=941)	Trainings were for infection control from APA 3 activities
6.1.4	Revised national TB & Leprosy Strategic plan Completion of national TB & Leprosy strategic plan		0	1		Near zero draft of plan developed and currently undergoing review
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.2	KNCV, WHO, FHI 360 & MSH	2 Weeks TA on National Strategic Plan (DOTS Expansion)	A 3-week TA visit was carried out by KNCV and WHO in November 2013 to support the development of NSP for Nigeria. A near zero draft was developed and currently receiving feedback from different stakeholders. A one- week meeting is planned with a core group from the 27th of January to finalize the plan.	Nov 13	Dec 13	Ongoing

## 2.7 M&E, OR and Surveillance

7.1.1 eTB/CR and Surveillance							
Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels		Functional e-TB manager	Functional e-TB manager nation wide	eTB Manager functional in all DR TB treatment sites, STBLCP and central unit.		In all the 10 DRTB treatment sites, e-tb Manager is functional and the NTBLCP/STB LCP key staff have been trained and provided access to the system.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
7.1.1	MSH, KNCV, WHO & FHI 360	Maintain and expand e-TB manager to all states	Two new e-tb Manager sites were activated at JUTH and Sacred Heart Hospital(SSH) Abeokuta. Each of the sites were provided with a desk top computer, universal modems, internet subscription and onsite mentoring of trained staff. The site in NTBLTC and Kano were visited. Key findings were that the data update by record officers was not adequate as most data was in folders of patients. Key staffs were mentored to update their records regularly and completely. Access to server was generally good.		Dec 13	Sep 14	Ongoing
7.1.2	MSH, KNCV, WHO & FHI 360	Provide internet and SMS bulk messages for 50 GeneXpert sites	50 Modems to be procured in Q2		Mar 14	Sep 14	Pending

## 2.8 Drugs

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
8.1.3	Number of TB/HIV co-infected patients on SL ARVs on Rifabutin	100	200 patients provided with Rifabutin	17 HIV patients were placed on Rifabutin during the quarter	Cumulatively in 2013, a total of 71 HIV patients accessed Rifabutin

						showing a six fold increase over 2012 data (12patients)
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
8.1.1	KNCV, WHO, MSH & FHI 360	<i>Provision of rifabutin for 200 TB/HIV co-infected patients on 2nd line ART</i>		Oct 13	Sep 14	Choose an item.

### 3. TB CARE I's support to Global Fund implementation in Year 4

#### Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
SSF/TB (1)IHVN	A2	A1	\$16.3million	\$11.2 million
SSF/TB (2)ARFH	B1	B1	\$95.1million	\$56.2million

\* Since January 2010

#### In-country Global Fund status - key updates, challenges and bottlenecks

The major bottleneck is the effective implementation of activities at state and LGA level due to delayed approval and also competing activities for state program managers.

#### TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

TB CARE I provided technical support in developing new activities for intensified case finding using savings from the 2 PRs of Global fund. After numerous feedbacks on comments and requests from Global Funds on the re-programmed funds application, the application has been approved.

#### 4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	21	23	Data for Q4 2013 is not yet available. The zonal review meeting for Q4 2013 is planned for Jan 22-24 <sup>th</sup> 2014
Total 2011	95	38	
Total 2012	185	138	
Jan-Mar 2013		78	
Apr-Jun 2013		72	
Jul-Sep 2013		25	
Oct-Dec 2013			
Total 2013	0	175	

## 5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	3.2.3	Dr Max Meis	To support TB-IC (in-corporation of the FAST strategy into the current TB Infection control measures)	February	Choose an item.		
2	KNCV	3.2.2	Dr. Suzanne Verver	Support the development of protocols and guideline for TB-screening	March			
3	KNCV	4.1.4	Dr Victor Ombeka	Provide TA to PMDT technical working group & establishment of ambulatory PMDT	Planned for May			
4	KNCV	5.3.2	Dr Amos Kutwa	Provide TA on TB/HIV implementation for ILEP Partners based on recommendations made in an earlier mission in COP 12	June			
5	KNCV	6.1.1	Dr D'Arcy Richardson	Provide TA for the development of National Strategic Plan	November 2013 & Feb	Nov 2013		Follow on visits expected in Feb
6	MSH	1.2.12	Dr Abel Nkolo	TA on intensified case-finding	January			
7	MSH	1.2.12	Luis Fernando Regiolino	TA on intensified case-finding	January			
8	MSH	7.1.2	Mr Utkarsh Srivastava	TA on use of Smartphone modems for PMDT	January			
9	MSH	7.1.2	Dr Samuel Kinyanjui	TA on use of Smartphone modems for PMDT	January			
Total number of visits conducted (cumulative for fiscal year)						1		
Total number of visits planned in workplan						9		
Percent of planned international consultant visits conducted						10%		